

950 Ocean Lane Imperial Beach, CA 91932 Phone: 619-628-1419 Fax: 619-628-1421 Email: jrlifeguards@cityofib.org

## **Out of Town Swim Tryout Qualification Form**

Participant Name:			
This is to be used ONLY if your child swim tryouts are for your child's saf participating in the daily activities o with your payment, registration, an and payment has already been proc	ety. If your child cannot p f the Imperial Beach Junio d Release of Liability. In t	pass the requirements they shor Lifeguard Program. Please the case that your child doesn'	nould not be mail this original form
You must bring this form with you to child tested by a pool lifeguard or s	•	• •	YMCA) and have your
Facility Information:			
Facility Name Facility Address:			
Street			
City Facility Phone Number:	State	Zip Code	
Tester's Name (Please ensure that t	the tester is WSI certified	. Authenticity of the test will b	pe verified)
<u>Test:</u>			
100 Yard swim (no stopping or hold Pass? Time:	=		
5 minutes treading water Pass?			
10 yard swim under water Pass?			
I,Tester's Name			, has completed
the standard swim test in preparation	on for the Imperial Beach	Junior Lifeguard Program.	
Tester's Signature		n:	ate

Your child may be subject to a swim test on Day One of the program by the instructors. If his/her swim standards are not adequate for the Imperial Beach Junior Lifeguard Program, he/she may be removed from the program and there will be no refunds issued.